

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

10758841

1-14-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7	0		0		0
TOTAL DEP.	7	0		0		0
TOTAL CLAIMS	7	0		0		0

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	8	0		0		0
TOTAL DEP.	44	0		0		0
TOTAL CLAIMS	52	0		0		0

BEST AVAILABLE COPY